

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 2 1

2. STATE:

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 28, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 USC 1936d(a)(24)

42 CFR 440.167

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 0

b. FFY 04 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 9; Supplement to Attach-
ment 3.1-A, pages 4 and 5; Attachment 3.1-B,
page 8; Supplement to Attachment 3.1-B, pages
4 and 59. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same as identified in Section 8 of this form

Massachusetts (02-021)
Approved: 03/03/03
Effective: 10/28/02

10. SUBJECT OF AMENDMENT:

Personal Care Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Not required in accordance with 42 CMR
430.12(b)(2)(1)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

W. E. Warring, for

13. TYPED NAME:

Wendy E. Warring

14. TITLE:

Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Laura Watson
State Plan Coordinator
Office of the General Counsel
Division of Medical Assistance
Boston, Ma 02111**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 23, 2002

18. DATE APPROVED:

March 3, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 28, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard R. McKeon

21. TYPED NAME:

Margaret Leoni

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

State Plan under Title XIX of the Social Security Act

OMB No.: 0938-

State: Massachusetts

Amount, Duration, and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy

24. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided.

f. Personal care services in the member's home, prescribed in accordance with a plan of treatment and provided by qualified person.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

* Description provided on **Supplement to Attachment 3.1-A.**

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy

Item 20: Extended Services for Pregnant Women

The major categories of services available to pregnant women as pregnancy-related services include inpatient hospital, outpatient hospital, laboratory and X-ray, family planning, physician, clinic, dental, prescription drug, and nurse-midwife services.

Extended services to pregnant women may be provided by physicians and community health centers. Such extended services include coordinated medical management, health-care counseling, obstetrical-risk assessment and monitoring and rehabilitation services including treatment for alcoholism and drug dependency.

Item 24.d: Nursing Facility Services for Patients under 21 Years of Age

Skilled nursing facility services for patients under 21 years of age are covered if a Department of Public Health review team approves the facility.

Item 24.f: Personal Care Services

- A. For the Division to pay for personal care services provided to a MassHealth member, the member must be able to be appropriately cared for in the home and the following conditions must be met.
 - 1. The personal care services must be prescribed by a physician or a nurse practitioner.
 - 2. The member's disability must be permanent or chronic in nature and impair the member's functional ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) without physical assistance.
 - 3. The member, as determined by the personal care agency, must require physical assistance in two or more of the following ADLs:
 - a. mobility – physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
 - b. assistance with medication – physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy

Item 24.f: Personal Care Services (cont.)

- c. bathing or grooming – physically assisting a member with basic care such as bathing, personal hygiene, and grooming skills;
 - d. dressing – physically assisting a member to dress or undress;
 - e. passive range-of-motion exercises – physically assisting a member to perform range-of-motion exercises;
 - f. eating – physically assisting a member to eat (this can include assistance with tube-feeding and special nutritional and dietary needs); and
 - g. toileting – physically assisting a member with bowel and bladder needs.
- B. If the conditions in A above are met, the Division will pay for a member to receive physical assistance with the ADLs identified in A.3 above and the IADLs listed below.
- 1. household services – physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;
 - 2. meal preparation and clean-up – physically assisting a member to prepare meals;
 - 2. transportation – accompanying the member to medical providers; and
 - 3. special needs – assisting the member with
 - a. the care and maintenance of wheelchairs and adaptive devices,
 - b. completing the paperwork required for receiving personal care services; and
 - c. other special needs approved by the Division as being instrumental to the health care of the member.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration and Scope of Services Provided to Medically Needy Groups

OMB No.: 0938-0193

Aged, Disabled, AFDC and Under 21 (cont.)

22. Respiratory care services (in accordance with Section 1902 (e) (9) (A) through (C) of the Act).

- ☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided

23. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

a. Transportation

- ☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided.

b. Services of Christian Science nurses.

- ☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided

c. Care and services provided in Christian Science sanatoria.

- ☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided

d. Skilled nursing facility services provided for patients under 21 years of age.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

- ☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided.

f. Personnel care services in member's home, prescribed in accordance with a plan of treatment and furnished by a qualified person.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

* Description provided on Supplement to Attachment 3.1-B.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Services Provided to Medically Needy Groups

Item 20: Extended Services for Pregnant Women

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Item 23.d: Nursing Facility Services for Patients under 21 Years of Age

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- A. For the Division to pay for personal care services provided to a MassHealth member, the member must be able to be appropriately cared for in the home and the following conditions must be met.
1. The personal care services must be prescribed by a physician or a nurse practitioner.
 2. The member's disability must be permanent or chronic in nature and impair the member's functional ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) without physical assistance.
 3. The member, as determined by the personal care agency, must require physical assistance in two or more of the following ADLs:
 - a. mobility – physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Services: General Provisions

Item 23.f: Personal Care Services (cont.)

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- B. If the conditions in A above are met, the Division will pay for a member to receive physical assistance with the ADLs identified in A.3 above and the IADLs listed below.
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 - 3. transportation – accompanying the member to medical providers; and
 - 4. special needs – assisting the member with
 - a. the care and maintenance of wheelchairs and adaptive devices,
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